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26646 7590 01/08/2010 KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004				have its own certificate of mailing or transmission. Certificate of Mailing or Transmission 1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 18SUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
11211 1014411	1 1000 .		r			(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/560,125 TITLE OF INVENTION	04/12/2006 : METHOD FOR PROD	UCING CERAMIC GRI	Stefan Henneck EEN COMPACTS FOR (CERAMIC COMPO	10191/4174 NENTS	2741	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/08/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
NGUYEN,	VU ANH	1796	501-134000				
	ondence address (or Cha 8/122) attached. ication (or "Fee Address 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed if recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ROBERT BOSCH GMBH STUTTGART, FEDERAL REPUBLIC OF GERMAN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
	are submitted: To small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. FOKKANDELEUSE EXECUTE: The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state		b. Applicant is no le	onger claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signature Typed or printed nam	Gerard A	. Messina	q	Date 3	(29[10 No. 35,952		
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